(Caption of Case) Example: Application for a Class of Charles Grant Caption of John Doe do In Section Caption	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2011 - 43 - If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: (843) 821-0431
Address: 102 Garden Hill Rd	Fax: (843) 871- 9257
Summerville, SC 29483	Other: (ell Phone (843)991-49
	Email: Lewben 1325@ att. Net
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C be filled out completely.	commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter RECEIV	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency JAN 2 7 20	11 Request
Application - Class C Stretcher Van PSC SC CLERK'S OFFIC	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit R
Application - Class E Hazardous Waste	_ Letter
Application	Late-Filed Exhibit RECEIVED Letter Proposed Order Publisher's Affidavity PSC 00
Request for Extension to Comply with Order	Publisher's Affidavit PSC SC Reservation Letter
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Todates for pasherman	- VILLEY -

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

god

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 227821

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

2011-43-T

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

,	RECEIVET	Date: Januar	1 21, 2011
CLASS C - CHARTER	JAN 26 2011		
Application is hereby made for a Cer of S.C. Code Ann., § 58-23-10, et sec	tificate of Public Convenience 1. (1976), and amendments the	e and Necessity, in accord	dance with the provision
Benjamin L. Name under which business is to be	ewis dba	ship, or sole proprietorship, v	with or without trade name.)
hewis & hewis	Transportatio	N Services	
102 Garden Hill Ra	Summer ville Street Address of Ay	<u>SC 29483</u> pplicant	
Maili	MA ng Address of Applicant if diffe	erent from street address	
(843) 991-4973 Phone	(843) 821-043)	(843) 871- 92 Fax	57
lewben 1325 @	Q++. Nex Email Address	SS	<u></u>
 If incorporated, a copy of Article Secretary of State "Foreign Corp 	s of Incorporation must be at oration" Certificate.)	tached. (If incorporated or	utside of SC, attach SC
3. Select Entity Type: (Check one) Individual Owner/Sole Prop			
Partnership - List names an			38.
☐ Corporation - List names an		officers.	
Benjamin Lewi	5		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applica	tion is	Filed:	
Month	January 21	Year	2011	

Assets:

2.1 S

Assets:	
Cash	. 0
Receivables	Ð
Real Estate	6
Buildings and Equipment (Net)	\$ 15,000.00
Motor Vehicles (Net)	<i>.</i>
Garage Equipment (Net)	ð
Machinery and Tools (Net)	Ð
Supplies on Hand	θ
Prepaids and Other Assets	8
Total Assets	\$ 15,000.50
· ·	,
Liabilities and Equity:	Ð
Accounts Payable	<u> </u>
Notes Payable	Ð
Mortgages Payable	A
Equipment Obligations	∂
Accrued Salaries and Wages	0
Other Accrued Obligations	· · ·
Other Liabilities	O
Total Liabilities	
Capital Stock	0
Retained Earnings	Ð
Total Equity	θ
Total Liabilities and Equity	A

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows: \$ 2.80 Fer Mile
Q 2.00 PO MITE
· ·
ļ
j i
}
Counties to be Served:
Dorchester, Charleston and Berkley Counties
Do sing sing charteston and perior of countries
77.1.1.
Maximum Number of Passengers per Vehicle:
(1) 8 Passenger Van

11 31 1 1 **1**

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL		VIN#		GHT PTY	SEATING CAPACITY
Ford	2009	Econoline	FMNEIILA9DA	97 <i>4607</i>	<u>5541</u>	8
					<u> </u>	
						
•			<u>-</u>			
			A A A A A A A A A A A A A A A A A A A			
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		4				
				<u>-</u>		<u></u>

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

he following insurance quote is for:	Name of Motor Carrier WAO Summerville 50 29483 Address of Motor Carrier
102- Garden Hil	Name of Motor Carrier Name of Motor Carrier Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 4000,00 The above quoted premium is for a term	" Limits25/100/25 m of 12 months.
Minimum Limits - Intrastate Only: 1-7 Passengers 8-15 Passengers	\$ 25,000/\$0,000/25,000 \$ 25,000/\$00,000/25,000
Southern	Name of Insurance Company
родож 190429	
I am familiar with the Commission's R meets the minimum insurance limits po South Carolina Department of Insuran 1/21/2011	ules and Regulations relating to insurance requirements and the above quot rescribed. The insurance company making this quote is authorized by the ce to do business in South Carolina.
Date	Authorized Insurance Company Representative's Signature
NOTICE:	vehicles for liability and property damage, you must comply with S.C. Co

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

5 of 9

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TO: Teddseapp

JAN-21-2011 15:46 FROM: UIRGINIA B LEWIS

Exhibit FWA

	Berinnin	1 Newis
•	TOTAL TITLE	Name of Applicant
1.	Are there currently any ou	tstanding judgments against the Applicant?
	○ Yes	Ø No
	If Yes, indicate nature of	judgement(s) against applicant.
	N/A	
	,,,,	
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
	X Yes	O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

O No

X Yes

Exhibit on Driver Qualifications

1.	Applicant understands that all drivers must be a minimum of 18 years of age.		
	Ø	Yes	○ No
2.	and su	cant understands that a sch record from the Di intained in the Applica	certified copy of the driver's three (3) year driving record issued by the SC DMV IV of the state in which the driver is or has been domiciled for such period must nt's business office.
	P	Yes	○ No
3.	Appli must	cant understands that a be maintained in the A	criminal history background check from the state where the driver currently lives oplicant's business office.
	P	Yes	○ No .
4.	their	cant understands that spossession when opera of residence of the driv	ll drivers operating a vehicle under a Class C Charter Certificate must have in ing a charter vehicle, a valid driver's license issued by the SC DMV or the current er.
	Q	Yes	○ No
5.	vehic	les to drivers who are	Il Class C Charter Certificate holders are prohibited from employing or leasing egistered, or required to be registered, as sex offenders with the South Carolina sion or any national registry of sex offenders.
	Q	Yes	O No

ll I

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)	۰ ص
county of Durchester	Berroni Zenai Applicant's Signature
- Benjamin Lewis	OWHER
I, Benjamin Lewis Name of Applicant's Representative	Title
of Benjamin Lewis	
	Applicant
the Applicant for the Certificate of Public Conve affirm that all statements contained in the above	enience and Necessity as set forth in the foregoing, swear or application are true and correct.
·	Signature of Applicant's Representative
	, organization of the branch o
SWORN TO BEFORE ME This . 21 day of famulus 4, 20 Virginia B. Wewis Notary Public	
Commission Expires OCF 22, 2020	